

Pat Broker

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO./

563744

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
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6				4		
7				4		
8				3		
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15				3		
16				3		
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27						
28				2		
29				2		
30				0		
31				0		
32						
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35						
36			1			
37						
38				7		
39				7		
40				7		
41				7		
42				7		
43				7		
44				7		
45				7		
46				7		
47				1		
48			1			
49				2		
50				7		
TOTAL IND.			3			
TOTAL DEP.			25			
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52						
53				1		
54				3		
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY